FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36101

Registration District No. 116 | Primary Registration District No. 3020 | Registrar's No. 144

1. PLACE OF DEATH:
(a) County: Franklin.
(b) City or town: Washington.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 das. (Specify whether years, months or days) In this community 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Franklin
(c) City or town: Washington
(If outside city or town limits, write "RURAL")
(d) Street No.: 806 W. 7th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Harry Elger Stahlman.
3. (b) If veteran, name war: x
3. (c) Social Security No.: 499-12-4362

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of wife: Theresa Stahlman.
6. (c) Age of wife if alive: 48 years
7. Birth date of deceased: April (Month) 10th. (Day) 1890 (Year)

8. AGE: Years 58 | Months 7 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace: St. Clair. (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation: Shoe-worker.
11. Industry or business: x

FATHER
12. Name: John A. Stahlman.
13. Birthplace: Union, (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name: Catherine Anger.
15. Birthplace: Jeffriesburg, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant: Mrs. Theresa Stahlman
(b) Address: 806 W. 7th St. Washington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 23, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Clair, Mo.
18. (a) Signature of funeral director: Niebrugge & Vitt, Inc.
(b) Address: Washington, Mo.
19. (a) Nov. 23, 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th. year 1948 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 5, 48, 19..., to Nov. 20, 19..., that I last saw him alive on Nov. 20, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to: Arteriosclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 830
Of autopsy:

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: [signature] (M. D. or other)
Address: Washington, Mo. Date signed: 11/23/48

Dr. Post

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 27 1948

JAN 19 1949

RECEIVED
District Health Officer No. 9,
District File Number NOV 29 1948
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Lester H. Gutt

Licensed Embalmer No. 3254

P. O. Address Washington, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.